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26710 7	590 . 12/03/2004		have its own certificate	of mailing or transmission.	ent or formal drawing, must		
QUARLES & BI 411 E. WISCONS SUITE 2040 MILWAUKEE, W	IN AVENUE			Cet I hereby certify that the States Postal Service of addressed to the Mai transmitted-to the USF	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE address TO (703) 746-4000, on the	smission g deposited with the United rst class mail in an envelope above, or being facsimile date indicated below.	
MILWAUNEE, W 3/01/2005 DEMMANU2-006		A4- = * ·		Daniel G. Rad	110 0 /11	(Depositor's name)	
WALVVO DENNINGE TO	784040 170033 - 10033E			1	75Kally	(Signature)	
-FC:1501				2/24	Tus	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/659,204	09/10/2003	03 Marlo		R. Casey	790063.00009	5562	
TITLE OF INVENTION: E	BEARING ASSEMBLY		03/01/2005 DEMHAN	U2 00000041 170055	10659204		
				01 FC:1501 02 FC:1504	1400.00 DA 300.00 DA		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1270 1400		\$300	\$1670 (700	03/03/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
FOOTLAND, LENARD A		3682		384-538000			
CFR 1.363). Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	D RESIDENCE DATA TO E	BE PRINTED ON T	THE PATEN	T (print or type)			
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified b in 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assign for filing an assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Rexnord Industries, Inc. Milwaukee, WI							
Please check the appropriat	e assignee category or category	ories (will not be pr	inted on the	patent): 🗖 Individual 🖼 🔾	orporation or other private g	roup entity Government	
4a. The following fee(s) are	e enclosed:	41	D. Payment of	` '.			
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Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 17-0055 (enclose an extra copy of this form).				
			Deposit Ac	count Number	(enclose an extra	copy of this form).	
a. Applicant claims	s (from status indicated abov SMALL ENTITY status. See	37 CFR 1.27.		icant is no longer claiming SMA			
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Authorized Signature			ا د	Date	2/24/05		
Typed or printed name Daniel G. Radler					n No. 43,028		
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